UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

In Re:

Jeffrey Wade Roberts 3105 Cypress Point Drive Melissa, TX 75454

SSN: XXX-XX-3895

Kimberly Nicole Roberts 3105 Cypress Point Drive Melissa, TX 75454 SSN: XXX-XX-4421

Debtor(s):

TO: Texas Workforce Commission

NOTICE OF FILING CLAIM

Pursuant to Bankruptcy Rule 3004, you are hereby notified that a claim has been filed on your behalf by the Debtor/Trustee as shown on the attached copy.

JEANNE HENDERSON CLERK OF THE COURT

Bankruptcy Case: 10-41030 btr

Chapter 13

Deputy Clerk

Date Mailed: August 26, 2010

B 10 (Official Form 10) (04/07)						
UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS					PROOF OF CLAIM	
Name of Debtor Jeffrey W. Roberts & Kimberly N. Roberts		Case Number 10-41030-R]		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.						
Name of Creditor (The person or other entity to whom the debtor owes money or property): Texas Workforce Commission		☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.				
Name and address where notices should be sent: TEC Building - Tax Division Austin, TX 78778-0001		☐ Check box if you have never received any notices from the bankruptcy court in this case.				
Telephone number:		☐ Check box if the address differs from the address on the envelope sent to you by the court.		THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor: xx-xxxxxx-1-001		Check here □ replaces if this claim □ amends a previously filed claim, dated:				
1. Basis for Claim Goods sold	 Personal injur 	death	□ Wages, salaries, and co below)			
☐ Services performed ☐ Retiree benefits as			Last four digits of you Unpaid compensation (defined in 11 U.S.C. § 1114(a)		r SS #: for services performed	
☐ Money loaned ☐ Other			* , ,	Fromto	(date)	
2. Date debt was incur	red:		3. If court judgment, da		(date)	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.						
Unsecured Nonpriority Claim \$ Secured Claim Unsecured Nonpriority Claim \$ Check this box if your claim is secured by collateral (including a right of setoff).						
☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.			Brief Description of Collar Real Estate Motor Vehicle			
Unsecured Priority Claim			Value of Collateral:	\$		
			Amount of arrearage and other charges at time case filed included in secured claim, if any: \$			
Amount entitled to priority \$ 2,535.25						
Specify the priority of the claim: Up to \$2,425* of deposits toward purchase, lease, or rer or services for personal, family, or household use - 11 Uses a constant of the claim:						
				d to governmental units - 11 U.S.	.C. § 507(a)(8).	
□ Wages, salaries, or commissions (up to \$10,950),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).			☐ Other – Specify applicable paragraph of 11 U.S.C. § 507(a)().			
□ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).			*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
5. Total Amount of Claim at Time Case Filed:			(1)		35.25	
(unsecured) (secured) (priority) (total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. THIS SPACE IS FOR COURT USE ONLY						
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.						
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.						
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):						
08/24/2010						